

FINANCIAL AFFIDAVIT											
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE											
<div style="display: flex; justify-content: space-between;"> <div> <p>IN THE CASE OF</p> <p>UNITED STATES V.S. <u>Rivera</u></p> </div> <div> <p>FOR</p> <p>AT</p> </div> <div> <p>LOCATION NUMBER</p> </div> </div>											
<p>PERSON REPRESENTED (Show your full name)</p> <p><u>Rolando Rivera</u></p>		<div style="display: flex;"> <div style="flex: 1;"> <p>CHARGE/OFFENSE (describe if applicable & check box →)</p> <p><input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor</p> </div> <div style="flex: 1;"> <p>1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other</p> </div> </div>									
<p style="text-align: center; background-color: #cccccc;">ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY</p>											
ASSETS	EMPLOYMENT	<p>Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed</p> <p>Name and address of employer: <u>Factory work</u></p> <p>IF YES, how much do you earn per month? \$ <u>1,000 +</u></p> <p>IF NO, give month and year of last employment</p> <p>How much did you earn per month? \$</p>									
	OTHER INCOME	<p>If married is your Spouse employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES, how much does your Spouse earn per month? \$ <u>0</u></p> <p>If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$</p>									
		<p>Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>									
		<p>IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES</p> <p style="text-align: center;">RECEIVED SOURCES</p> <p>\$ <u> </u> <u>medical benefits - medical</u></p> <p>\$ <u> </u> <u>no direct payments, just keep hospital</u></p>									
CASH	<p>Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$</p>										
	PROPERTY	<p>Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES, GIVE THE VALUE AND DESCRIBE IT</p> <table style="width:100%;"> <thead> <tr> <th style="width: 40%;">VALUE</th> <th style="width: 60%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>\$ <u>15,000</u></td> <td><u>wife car - Ford Expedition</u></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>			VALUE	DESCRIPTION	\$ <u>15,000</u>	<u>wife car - Ford Expedition</u>			
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DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them								
	<p><input checked="" type="checkbox"/> SINGLE</p> <p><input type="checkbox"/> MARRIED</p> <p><input type="checkbox"/> WIDOWED</p> <p><input type="checkbox"/> SEPARATED OR</p> <p><input type="checkbox"/> DIVORCED</p>	<p><u>3</u></p>	<p><u>12 - daughter</u></p> <p><u>7 - daughter</u></p> <p><u>1 1/2 - son</u></p>								
OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.						
	<p>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</p>	<p><u>rent, bills, pymts.</u></p>	<p>\$ <u> </u></p> <p>\$ <u> </u></p> <p>\$ <u> </u></p> <p>\$ <u> </u></p>	<p>\$ <u> </u></p> <p>\$ <u> </u></p> <p>\$ <u> </u></p> <p>\$ <u> </u></p>	<p>\$ <u>1000</u></p> <p>\$ <u> </u></p> <p>\$ <u> </u></p> <p>\$ <u> </u></p>						
<p>I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) <u>11/09/04</u></p> <p style="text-align: center;">SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) <u>Rolando Rivera</u></p>											